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appropriate. All further co- indicated unless corrected maintenance fee notification	rrespondence including the below or directed otherwise as.	Patent, advance or in Block 1, by (a	rders and not a) specifying	tification of maintenance fees a new correspondence addres	will be mailed to the curren s; and/or (b) indicating a ser	t correspondence address as parate "FEE ADDRESS" for
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Washington, DC 20000-5405						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	- FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/445,304 12/06/1999 SHIRO FUJIEDA K0600.0208/P 9790 FITLE OF INVENTION: IMAGE PROCESSING APPARATUS AND METHOD, MEDIUM STORING PROGRAM FOR IMAGE PROCESSING, AND INSPECTION APPARATUS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	10/05/2006
EXAMINER AF		ART UN	IT	CLASS-SUBCLASS	1	
AHMED, SAMIR ANWAR 26				382-150000	·	
 L. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the pames of up to 2 registered patent attorneys or agentist. 4Pne triamelist RHE1 63663664 69445394			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 92 FC:8881 1409.00 UP						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Omron Corporation Kyoto, JAPAN						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
la. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount permitte		Payment The Dire	in the amount of the fee(s) is e by credit card. Form PTO-203 ctor is hereby authorized by ch	8 is attached. arge the required fee(s), or cre	dit any overpayment, to
. Change in Entity Status	(from status indicated above)	Deposit A	Account Number	(enclose an extr	a copy of this form).
a. Applicant claims Sl	MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA		
The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	te Fee and Publicat will not be accepted ent and Trademark	tion Fee (if ar I from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	sly paid issue fee to the applications and issue fee to the application of the state of the stat	tion identified above. ne assignee or other party in
Authorized Signature Health Reg. No. 31,063 Date September 26, 2006						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

28,371

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Typed or printed name Thomas J. D'Amico

PTO/SB/17 (07-06)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/445,304-Conf. #9790 Application Number Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). December 6, 1999 FEE TRANSMITTAL Filing Date Shiro Fujieda First Named Inventor For FY 2005 **Examiner Name** V. M. Kibler 2623 Applicant claims small entity status. See 37 CFR 1.27 Art Unit K0600.0208/P208 TOTAL AMOUNT OF PAYMENT 1,430.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Credit Card Money Order None Other (please identify): Check Dickstein Shapiro LLP Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 Design 200 100 100 50 130 65 200 100 300 150 160 80 Plant 500 250 600 300 Reissue 300 150 0 0 0 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) <u>Fee (\$)</u> Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) 55 - 68 = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fe<u>e (\$)</u> Fee Paid (\$) Indep. Claims Extra Claims 12 - 12 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) Extra Sheets Number of each additional 50 or fraction thereof _____ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 30.00 8001 Printed copy of patent w/o color SUBMITTED BY Reg. No. Registration No. 31,063 28,371 Telephone (202) 420-2232 Signature Date September 26, 2006 Name (Print/Type) Thomas J. D'Amico